

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005865

1. Entity Name

SOCIETY FOR PHOTOGRAPHIC EDUCATION, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90122 019 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 2811  
DAYTONA BEACH FL 32120-2811

P.O. BOX 2811  
DAYTONA BEACH FL 32120-2811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-2853963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, JAMES J  
1200 W. INTERNATIONAL SPEEDWAY BLVD  
BUILD. 12 ROOM 122  
DAYTONA BEACH FL 32114

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
WILLIAMS, WILLIAM E  
370 LANCASTER AVE.  
HAVERFORD PA 19041 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
KOLB, GARY  
1 SOUTHMOOR STREET  
CARBONDALE IL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD ☒ Delete  
PETERSON, CARRIE  
220 BARBERRY LN  
LEXINGTON KY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCD  
Carol Flax  
5555 W. Lazy C Drive  
Tucson, AZ 85745 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD ☒ Delete  
TAYLOR, MAGGIE  
5701 SW 17TH DRIVE  
GAINESVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD ☐ Change ☒ Addition  
Angela Kelly  
10 Clebourne Drive  
Rochester, NY 14625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 20, 00 904.255-8131

CR2E037 (9/99)